

PROOF OF CLAIM**United States Bankruptcy Court**
District of Idaho

Instructions: Complete this form and mail to:
US Bankruptcy Court, 550 West Fort St. MSC 042,
Boise, ID 83724

PROOF OF CLAIM

Chapter
(please check appropriate box):
7 ☐ 11 ☐ 12 ☐ 13 ☒

Proof of Claim Form and
Supporting Documents are to be
filed in **DUPLICATE** on Chapter 12
and 13 cases.

**THIS SPACE FOR COURT
USE ONLY**
U.S. COURTS

20 FEB 18 AM 9:36

REC'D
CLERK
BURKE
IDAHO

In Re: (NAME OF DEBTOR) Vladimir Paniouchkine

CASE NUMBER: 99-41879

NOTE: This form should not be used to
make a claim for an administrative expense
arising after the commencement of the case.
A "request" for payment of an
administrative expense may be filed pursuant
to 11 USC §503.

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES
DEBTOR 1717163

Check here if this claim: ☐ REPLACES
☐ AMENDS a previously filed claim dated:

1. BASIS FOR CLAIM: ☐ Goods Sold ☒ Services Performed ☐ Money Loaned ☐ Personal Injury/Wrongful Death ☐ Taxes ☐ Assignment
☐ Retiree Benefits as defined in 11 U.S.C. §1114(a)
☐ Wages, salaries and compensation: Social Security #: _____

Unpaid compensation for services performed from _____ to _____
DATE DATE

2. DATE DEBT OCCURRED:
9-12-99

3. IF COURT JUDGMENT, DATE OBTAINED:

4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code, all claims are classified as one or more of the following:

a. Secured b. Unsecured Nonpriority c. Unsecured Priority

It is possible for part of a claim to be in one category and part in another. COMPLETE THE APPROPRIATE BOX (or boxes) that best describes your claim and STATE THE AMOUNT OF THE CLAIM AT THE TIME THE CASE WAS FILED.

SECURED CLAIM: \$ _____

Attach evidence of perfection of security interest

Brief description of Collateral: ☐ Real Estate ☐ Motor Vehicle
☐ Other (Describe Briefly)

Amount of Arrearage and other charges at time case was filed included in secured claim above, if any:
\$

UNSECURED CLAIM: \$ 6,712.31

A claim is unsecured if there is not collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.

UNSECURED PRIORITY CLAIM: \$ _____

SPECIFY THE PRIORITY OF THE CLAIM:

☐ Wages, salaries, or commissions (up to \$4000, earned not more than 90 days before the filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier) 11 USC § 507(a)(3).

☐ Contributions to an employee benefit plan - 11 USC § 507(a)(4).

☐ Up to \$1800 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 USC § 507(a)(6).

☐ Taxes or penalties of governmental units - 11 USC § 507(a)(7).

☐ Other - Specify applicable paragraph of 11 USC § 507(a) _____

5. TOTAL AMOUNT OF CLAIM AT THE TIME THE CASE WAS FILED:

UNSECURED: \$ 6,712.31 SECURED: \$ _____ PRIORITY: \$ _____ TOTAL \$ _____

☐ Check if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.

6. CREDITS AND OFFSETS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to the debtor.

7. SUPPORTING DOCUMENTS: ATTACH COPIES OF SUPPORTING DOCUMENTS, such as promissory notes, purchase orders, invoices, assignments, deficiency documents, itemized statements of running accounts, contracts, court judgements, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.

DATE:

2-14-00

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). Carolyn Muir (Manager)

TELEPHONE NO: (208) 733-8150

THIS SPACE FOR COURT USE ONLY

48

ACTION COLLECTION SERVICE - TWIN
PO BOX K
280 BLUE LAKES BLVD N
TWIN FALLS ID 83301
208-733-8150

INTERSTATE TRUCKERS INSURANCE A BB16367
PO BOX 8394
6056 CORPORAL LN
BOISE ID 83707

DATE: 02-14-00
RE: PANIOUCHKINE, VLADIMIR & TATYANA
AMOUNT: 5581.78
ACS ACCOUNT NO: 1717163

CLIENT: INTERSTATE TRUCKERS INSURANCE A

BANKRUPTCY PROOF OF CLAIM INFORMATION REQUEST

The account above is included in a Bankruptcy filing.
In order for Action Collection Service, Inc. to file a proof of claim
we are required to have written assignment from our client/s.

Please SIGN and DATE below and return, along with the item/s
checked.

() ITEMIZED STATEMENT () ORIGINAL CONTRACT () OTHER

Thank you for your assistance.

DATED: 2/15/00

INTERSTATE TRUCKERS INSURANCE A

BY: Gay Henshaker

RETURN TO: ACTION COLLECTION SERVICE - TWIN
280 BLUE LAKES BLVD N
PO BOX K
TWIN FALLS ID 83301
208-733-8150

Interstate Truckers Insurance
 Agency, Inc.
 P.O. Box 8394
 Boise ID 83707
 Phone : 208-322-8313

STATEMENT		Page 1
ACCOUNT NO. PANTR-1	STATEMENT AS OF 11/30/99	

1717163

Attn: Sue

345-1436

Lladimir

Pan Trans
 P. O. Box 5151
 Twin Falls,, ID 83303-5151

Trn Due Date	Description	Amount	Balance Due
RET 08/03/99	Pan Trans	7597.00	1365.78
NIS 09/12/99	September In	4153.00	4153.00
+EN 11/12/99	Positive End	504.00	63.80
Total Balance Due:			5581.78

Truck Insurance Premium

Take Legal Action as soon as possible - 30 days
 Dont wait - Cashier Checks only - Does not follow
 through with what he says - Does not return phone calls.
 He is currently operating 3 trucks.

Owner Lladimir Panouchkine

Home - 208-734-6076
 Work - 208-734-5642*
 Fax - 208-733-7560

If you cannot take legal action within the next
 45 days than do not accept this account and I will
 pursue by other means. — Thank you

Day Henderson

Collection Report

Patient Information

Account # 19232
Name IVAN PANIOUCHKINE
Address 255 BONNY DR

City TWIN FALLS, ID 83301
Phone (208) 736-8394
Social Security #
Date of Birth 2/17/84

Guarantor Information

Account # 5790
Name TATYANA PANOUCHKINE
Address 255 BONNY DR

City TWIN FALLS, ID 83301
Phone (208) 736-8394
Social Security # 518-47-9416
Date of Birth

Visit Number	Date	Doctor	Patient Balance
31729	5/4/99	3	\$711.00

Date	Code	Description	Units	Fee
5/4/99	71250	CT CHEST NONCONTRAST	1	\$138.00
5/4/99	72125	CT C-SPINE NONCONTRAST	1	\$150.00
5/4/99	74150	CT ABDOMEN NONCONTRAST	1	\$138.00
5/4/99	70450	CT HEAD NONCONTRAST	1	\$105.00
5/4/99	72020	C-SPINE SINGLE VIEW	1	\$22.00
5/4/99	71010	CXR 1V	1	\$24.00
5/4/99	74000	ABDOMEN 1V	1	\$22.00
5/4/99	72192	CT PELVIS NONCONTRAST	1	\$112.00

1690351

1179

PAN TRANS
P. O. BOX 5151 208-234-5642
TWIN FALLS, ID 83301

INSUFFICIENT FUNDS

412605160-
16-54-04

DATE 8.7.99

91-119
1221(1)

William Miller

PAY TO THE ORDER OF

- Four hundred

\$ 400 ⁰⁰/₁₀₀

⁰⁰/₁₀₀

DOLLARS

Security Features
Call 1-800-368-5743
Details on back

WELLS FARGO BANK
113 MAIN AVENUE WEST, TWIN FALLS, ID 83301

FOR

1719021

T. Paer

⑈001179⑈ ⑆122101191⑆0426 352928⑈

⑈0000040000⑈

Fred Meyer Stores, Inc.

#40035

001180185

PAN TRANS

PO BOX 5151

TWIN FALLS, ID 83301

Home Phone: (208) 234 - 5642

Check Number: 01179

ID: 251174

State: ID

Check Date: AUG. 07, 1999

ID Type: DRIVERS LICENSE

Amount \$ 400.00

Reason Returned: NSF

Batch Date: 08/13/1999 # 214

122101191
ABA Number

0426352928
Account Number

F590773
Entered By

08/13/99
Printed on

ACTION COLLECTION SERVICE INC
BOISE OFFICE
1325 VISTA AVE
P O BOX 5425
BOISE, IDAHO 83705
208-345-1750

DATE: _____

RE: _____

AMOUNT: _____

CLIENT: _____

APPROVAL FOR LEGAL ACTION

The account above is being referred to our Attorney for LEGAL ACTION. When this occurs we prefer to have a specific written assignment in the file, rather than rely upon the implied assignment that arises when clients list accounts with us.

Therefore Please SIGN and DATE the Approval below and return along with:

☐ ITEMIZED STATEMENT ☐ ORIGINAL CONTRACT ☐ OTI

For value received we hereby sell, assign and transfer to ACTION COLLECTION SERVICE, INC., all Rights, Title and Interest in our claim and demand against, _____

in the amount of \$ _____, plus any check charge posted at point of sale with full power to sue and collect.

DATED: _____

Amitha
BY Lydia Barton

ACTION COLLECTION SERVICE, INC.

1325 Vista Avenue
Post Office Box 5425
Boise, Idaho 83705
Telephone: (208) 345-1750

9 Wall Street
Post Office Box O
Nampa, Idaho 83651
Telephone: (208) 465-7600

365 Yellowstone Ave.
Post Office Box 4008
Pocatello, Idaho 83205
Telephone: (208) 232-1731

280 No. Blue Lakes Blvd.
Post Office Box K
Twin Falls, Idaho 83301
Telephone: (208) 733-8150

5055 So. State Street
Post Office Box 57400
Salt Lake City, Utah 84157
Telephone: (801) 269-1498

BLANKET ASSIGNMENT

For value received and to be received I, Julia McLean, hereby assign to Action Collection Service, Inc. any and all accounts of Southern Idaho RPD, which are now or hereafter tendered to said Action Collection Service, Inc. as listed accounts on Action Collection Service's account listing form or as listed accounts on any account listing form employed by this business or for which other account evidence is tendered to Action Collection Service, Inc., subject to the following terms and conditions:

1. Said assignments is for purposes of collection.
2. Action Collection Service, Inc. is entitled to retain an agreed upon percentage of the principal sum collected.
3. Action Collection Service, Inc., is authorized to bring suit, file claims in bankruptcy proceedings, compromise or adjust, and take other reasonable steps in its efforts to collect these accounts.

DATED 1-27-99

BY: Julia McLean

Member of The American Collectors Association

BONDED

AN INTERNATIONAL ORGANIZATION OF COLLECTION SPECIALISTS

LICENSED